



**HAWAII STATE ETHICS COMMISSION**  
1001 BISHOP STREET, ASB TOWER 970  
P.O. BOX 616, HONOLULU, HAWAII 96809  
TEL: 587-0460 FAX: 587-0470  
email: ethics@hawaiiethics.org

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STATE OF HAWAII  
STATE ETHICS COMMISSION

## LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

<b>PART I LOBBYIST</b>			
NAME(Last)	(First)	(Middle)	TELEPHONE
ALSTON	PAUL		524-1800
MAILING ADDRESS (Street)			FAX
18th Floor, American Savings Bank Tower 1001 Bishop Street			524-4591
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96813	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
Alston Hunt Floyd & Ing			524-1800
MAILING ADDRESS (Street)			FAX
18th Floor, American Savings Bank Tower 1001 Bishop Street			524-4591
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96813	

<b>PART II ORGANIZATION</b>			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
Alston Hunt Floyd & Ing			524-1800
MAILING ADDRESS (Street)			FAX
18th Floor, American Savings Bank Tower 1001 Bishop Street			524-4591
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96813	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
WILLIAM M. KANEKO			524-1800
MAILING ADDRESS (Street)			FAX
18th Floor, American Savings Bank Tower 1001 Bishop Street			524-4591
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96813	

**PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY**

Agriculture



Education

Human Services

Science, Technology &  
Economic DevelopmentCommunications &  
Public UtilitiesGovernment Operations &  
FinanceIntergovernmental Relations,  
International Affairs

Tourism &amp; Recreation

Consumer Protection &  
Commerce

Hawaiian Affairs

Labor &amp; Employment

Transportation

Culture, Arts, Historic  
Preservation

Health

Planning, Land & Water  
Use ManagementOther: (indicate below)  
\_\_\_\_\_  
\_\_\_\_\_Ecology, Energy  
Environmental Protection

Housing

Public Safety &amp; Corrections

**PART IV CERTIFICATION OF LOBBYIST***I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.*

(Signature of Lobbyist)

3/24/05

(Date)

**PART V AUTHORIZATION TO LOBBY**

NAME

TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED

PAUL ALSTON

Director/Shareholder

NAME OF ORGANIZATION (if applicable)

Alston Hunt Floyd &amp; Ing

TELEPHONE

524-1800

MAILING ADDRESS (Street)

18th Floor, American Savings Bank Tower  
1001 Bishop Street

FAX

524-4591

(City)

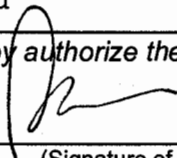
Honolulu

(State)

Hawaii

(Zip Code)

96813

*I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.*

(Signature of Authorizing Officer or Person Represented)

3/24/05

(Date)